

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/11/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155249		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/23/2012	
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP CODE 6006 BRANDY CHASE COVE FORT WAYNE, IN 46815			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00106640.</p> <p>Complaint IN00106640-Substantiated, Federal/State Deficiency related to the allegations is cited at F-280.</p> <p>Survey Dates: April 22 & 23, 2012</p> <p>Facility number: 000153 Provider number: 155249 AIM number: 100266910</p> <p>Survey team: Angela Strass, RN</p> <p>Census bed type: SNF/NF: 138 Total: 138</p> <p>Census payor type: Medicare: 13 Medicaid: 100 Other: 25 Total: 138</p> <p>Sample: 3</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 4/25/12</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Cathy Emswiller RN						

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F0280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on record review and interview, the facility failed to ensure quarterly care plan meetings were provided for 2 residents (A & B) in a sample of three resident records reviewed.</p> <p>Findings include:</p> <p>1. On 4/23/12 at 9:30 a.m. review of the clinical record for resident (A) indicated she was admitted to the facility on 11/19/08 with diagnoses including, but not limited to, Delusions, Joint Pain, Anxiety and Depression.</p> <p>Review of the residents "Care Plan</p>		F0280	<p>F280</p> <p>I. On 05.03.12 a care plan conference was held by the interdisciplinary team, (IDT) to review and revise Resident A's comprehensive plan of care. Resident B's comprehensive plan of care was reviewed and revised by the IDT on 05.04.12.</p> <p>II. The care conference summary sheets of all residents were reviewed to identify other residents potentially in need of care plan conferences to ensure compliance. The IDT will hold care plan conferences to review and revise comprehensive care plans as necessary by 05.17.12. The IDT will invite and encourage</p>		05/17/2012	

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	<p>Conference Summary" Form, indicated the last Care Plan Conference for resident (A) was held on 1/17/11.</p> <p>On 4/23/12 at 10:00 a.m. interview with the resident's Social Worker indicated she had recently had a conversation with the resident's daughter on 4/23/12. The Social Worker indicated the residents daughter is the POA (Power of Attorney) and had moved out of town in the Fall of 2011, and would not let any of the other siblings attend care plan meetings. The Social Worker indicated she was counting the conversation with the resident's daughter as a Care Plan Meeting, but indicated there had been no care plan meetings with the family, resident or staff since 1/17/11.</p> <p>2. On 4/23/12 at 10:15 a.m. review of the clinical record for resident (B) indicated the resident was admitted to the facility on 12/24/05 with diagnoses including, but not limited to, Dementia, Congestive Heart Failure and Diabetes.</p> <p>Review of resident (B's) "Care Plan Conference Summary" form, indicate the last Care Plan Conference for resident (B) was held on 3/21/12. Review of the prior forms indicated the last meeting prior to 3/21/02 was on 6/17/10.</p>		<p>the participation of the resident, the resident's family, or the resident's legal representative with the same documented.</p> <p>III. The director of nursing services (dns) provided education to the idt related to the care planning policy of facility on 05.03.12. A performance improvement tool was created to ensure ongoing compliance of care planning process. The tool is specifically related to participation of the resident, resident's family, or the resident's legal representative, the interdisciplinary team, and timely revisions.</p> <p>IV. The DNS will review the performance improvement tool above on a weekly basis and report findings to the performance improvement committee monthly for 6 months to ensure ongoing compliance.</p> <p>Completion Date: 05.17.12 Co</p>				

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	<p>Interview with the Social Service Director on 4/23/12 at 11:00 a.m. indicated she had problems with some people not having guardians that are involved and has not always had regular care plan meetings. There was no documentation of a "Care Plan Meeting" for resident (B) involving the resident, family or staff from 6/17/10 until 3/12/12.</p> <p>On 4/23/12 at 11:20 a.m. review of the facility policy for "Care Plans" dated 1/4/12 indicated the following:</p> <p>"A comprehensive care plan is developed that is consistent with the resident's specific conditions, risks, needs, behaviors, preferences and with standards of practice including measurable objectives, interventions/services, and timetables to meet the resident's needs as identified in the resident's assessment or as identified in relation to the resident's response to the interventions or changes in the resident's condition."</p> <p>"The team of qualified persons monitors the resident's condition and effectiveness of the care plan interventions and revises the care plan quarterly, annually, with a significant change assessment or more frequently as needed with the input by the resident and/or the representative, to the extent possible, (or justified the</p>						

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	<p>continuation of the existing plan) based upon the following:</p> <p>a. Achieving the desired outcome;</p> <p>b. Resident failure or inability to comply with or participate in a program to attain or maintain the highest practicable level of well-being; and/or</p> <p>c. Change in the resident condition, ability to make decisions, cognition, medications, behavioral symptoms or visual problems.</p> <p>This Federal tag relates to complaint IN00106640.</p> <p>3.1-35(c)(1)</p>						